



00169.001469.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
SEPPO REINO KERONEN ET AL.)
Application No.: 09/801,688)
Filed: March 9, 2001)
For: USER PROGRAMMABLE)
SMART CARD INTERFACE)
SYSTEM HAVING AN)
ARBITRARY MAPPING)
January 14, 2002

Examiner: N.Y.A.

Group Art Unit: 2876

Commissioner for Patents
Box: Patent Application
Washington, D.C. 20231

RECEIVED
JAN 23 2002
TECHNOLOGY CENTER 2800

PRELIMINARY AMENDMENT

Sir:

Preliminary to examination, please amend the above-identified application
as follows:

IN THE CLAIMS

Please add Claims 15-40 as follows:

15. (New) A smart card to be inserted into a card reader that
communicates with a computer device, said smart card comprising:

01/22/2002 H010101 00000026 09801688

01 FC:102
02 FC:103

504.00 OP
360.00 OP



In re Application of:

Docket No. 00169.001469.1

SEPPO REINO KERONEN ET AL.

Application No.: 09/801,688

Examiner: N.Y.A.

Filed: March 9, 2001

Group Art Unit: 2876

For: USER PROGRAMMABLE SMART CARD
INTERFACE SYSTEM HAVING AN
ARBITRARY MAPPING

Date: January 14, 2002

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

RECEIVED
JAN 23 2002
TECHNOLOGY CENTER 2800

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 40	MINUS	** 20	= 20	x \$9 \$18	\$360.00
INDEP. CLAIMS	* 9	MINUS	*** 3	= 6	x \$42 \$84	\$504.00
Fee for Multiple Dependent claims \$140°/\$280						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$864.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$ 864.00 is enclosed.

☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$ _____ to cover the fee for a _____-month extension is enclosed.

☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 28,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

NY_MAIN 230954v1